

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 01 2008 08:00 AM

Secretary of State

No 4 lines on line
Faxed 1/18/08 10F2

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0618298Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOOLIK, GARY
4000 ISLAND BOULEVARD
SUITE 2302
AVENTURA, FL 33160DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when installing

DATE

Scott Koolik

1/18/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	KOOLIK, GARY
STREET ADDRESS	6761 ENTRADA PLACE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	P
NAME	KOOLIK, SCOTT I
STREET ADDRESS	4000 ISLAND BLVD APT 2302
CITY - ST - ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000910974
02/11/08-80008-005 150.00DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott KOOLIK

Date

Daytime Phone #

1/18/08 3059359295